2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000010999

FILED
Jan 15, 2008
Secretary of State

Entity Name: C & J LEASING COMPANY OF LEE COUNTY, L.L.C.

Current Principal Place of Business:	**New Principal Place of Business:**
2150 WEST FIRST STREET FORT MYERS, FL 33901	2150 WEST FIRST STREET A-2 FORT MYERS, FL 33901

Current Mailing Address:	**New Mailing Address:**
2150 WEST FIRST STREET FORT MYERS, FL 33901	2150 WEST FIRST STREET A-2 FORT MYERS, FL 33901

FEI Number: 65-1050740   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
COWELL, BLANCHE 2150 WEST FIRST STREET FORT MYERS, FL 33901 US	COWELL, BLANCHE 2150 WEST FIRST STREET A-2 FORT MYERS, FL 33901 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BLANCHE COWELL   01/15/2008

Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title:	MGR ( ) Delete	Title: ( ) Change ( ) Addition
Name:	WHEELER, CATHLEEN J	Name:
Address:	10060 SAN PABLO ST	Address:
City-St-Zip:	FT MYERS, FL 33919	City-St-Zip:

Title:	MGR ( ) Delete	Title: MGR (X) Change ( ) Addition
Name:	CALLAHAN, JOANNA L	Name: CALLAHAN, JOANNA L
Address:	15071 N PEBBLE LN	Address: 15071 N PEBBLE LN
City-St-Zip:	FT MYERS, FL	City-St-Zip: FT MYERS, FL 33912

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CATHLEEN J. WHEELER   MGR   01/15/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date